

NO.	RECEIVED
COMMUNICATION	
SANTA FE	
FILE	
UNIT NO.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION

Form O-102
 1-102 and 1-103
 Effective 1-1-74

1-102 and 1-103
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SUNDRY NOTICES AND REPORTS ON WELLS			
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.			
1. OIL WELL ☒	GAS WELL ☐	OTHER- <u>30-005-01085</u>	2. Lease Agreement <u>D.O.S.U.</u>
3. Name of Operator <u>Weldon S. Guest & I. J. Wolfson</u>			4. Term or Lease <u>Tract 20</u>
5. Address of Operator <u>c/o Hobbs Pipe & Supply, Box 2010, Hobbs, N. M. 88240</u>			6. Well No. <u>2</u>
7. Location of Well			8. Field and Section
UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM			9. Section
THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>14S</u> RANGE <u>31E</u> NMPM.			
10. Elevation (Show whether DF, RT, GR, etc.) <u>4218' DF</u>			11. County <u>Chaves</u>
12. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTER Casing ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Loaded hole w/mud-laden fluids.
2. Shot & recovered 517.34' of 5 1/2" Production Casing.
3. Spotted 100' plug @ casing stub, 517'.
4. Spotted 100' plug in & out of surface casing Set @ 136'.
5. Spotted 10 sx top hole plug & erected 4" regulation marker.
6. Well was plugged and abandoned on 4/11/74.

14. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED S. Saikin TITLE Agent DATE 4/28/74

APPROVED BY Nathan E. Oleg TITLE OIL & GAS SUPERVISOR DATE 4/28/74

CONDITIONS OF APPROVAL, IF ANY: